

FMS Foundation Newsletter

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January 1, 1995

Dear Friends,

"What an amazing amount of progress has been made since the Valley Forge conference in 1993." "Don't the families look better, so much happier!" "The conference gives us all the tools we need to move this craze toward its inevitable end." These comments overheard at the *Memory and Reality: Reconciliation* conference give focus for examining where we find ourselves with the FMS problem at the beginning of a new year.

In April of 1993, evidence that FMS was a crisis was just emerging. At that time, the first retractors spoke up and provided confirmation for the problem families had been describing. Since then hundreds of retractors have come forth and FMS issues have broadened toward reestablishing family bonds. While in April 1993 most professionals were still denying that a problem existed, now the issues for many professionals include the scope of the problem, the establishment of guidelines, the development of clinical strategies to address the problem and a fear of lawsuits. In April of 1993, researchers presented basic scientific information about memory and influence in which the FMS problem could be grounded. In the past year, source amnesia has been proposed as a possible factor in false memories and traumatic memory is better understood.

In 1993, the evidence that memory of events is reconstructive and not like a videotape recorder was emphasized. In 1994, the evidence that the declarative and non-declarative memory systems are distinct helps to dispel confusion about whether trauma leaves some residual in the form of body memories or other implicit memory. There is no evidence that years later a person can see the body memory or other symptom and figure out what the trauma was. There is no evidence for any direct mapping from the non-declarative memory systems to the declarative memory system. Larry Squire, Ph.D., Professor of Psychiatry and Neurosciences at UCSD noted in his conference abstract, "In general, what is understood about the biology of memory fits traditional psychological accounts of memory that emphasize its proneness to error and reconstruction, and change over time."

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The FMS problem requires more than an understanding of the facts of memory science. It is also a social problem with multiple issues that have become entangled. Dr. McHugh opened the conference by describing the boundaries of the issue of false memory syndrome and the scope of the conference. He introduced a 2x2 table, a visual representation, a powerful tool in teasing apart some of the public confusion. Memories can be true or false and they can be remembered or forgotten. All four of the cells of this table have people in them. The focus of the conference was on the cell "False Alarm," the situation in which a person might remember something that did not happen. This encompasses all of the current forms of false memories: space alien abduction, satanic rituals, past lives and some other abuses. Scientific evidence and psychoanalytic interpretation for false memories were presented to explain the entries in this cell.

Linda Williams, Ph.D. presented evidence to explain the entries in the "Forgotten" cell. When criticisms of this work have been made, it is not about the existence of people in this category. The criticisms have focused on the conclusions drawn about memory mechanisms. The fact that there are people in this cell does not say anything about the existence or nature of repression. The questions about repression are separate from the fact that people may not remember being abused. That is a question of *why* they don't remember. A claim has been made by recovered memory therapists that it is *common* for people to forget abuse. No evidence has ever been presented to show that it is common to forget abuse. There is ample evidence, however, that false alarms pervade memory, especially under vulnerable conditions such as undue suggestion or undue authoritative pressure.

There were approximately 870 people at the conference including 25 retractors, 50 speakers and 30 press. Did the families attending really look different than they had in 1993? Could it be that some subtle attitude changes have translated into the observation that people looked better. Families now take the media for granted and are not afraid to be seen. They are taking better care of themselves. Many parents have come to understand that they can want their children back while at the same time be unwilling to tolerate the rude, cruel and bullying behavior that is characteristic of a person caught in the FMS craze. Many more families have accepted the fact that they cannot bring their children back. The accusers have the problem. They are the ones who must work their way out of it.

The parents, however, have the ability and the responsibility to educate others. The people we love were caught in the FMS wave in part because they were not told the truth. They were not informed of the limitations and dangers of recovered-memory therapy. Families must do everything within their power to encourage the professional communities to act in a responsible manner. The people caught in the FMS craze deserve a fair chance to return to reality. They did not have a fair chance when they entered therapy. Dithering is not acceptable and not necessary. The lack of

Memories of Abuse (adapted from McHugh)

| | True | False |
|----------|--|---|
| Remember | Hit (abused and remembers) | False Alarm (no abuse but has memory) |
| Forget | Forgotten (Abused but no memory) | Normal (no abuse, no memory) |

responsible guidelines from the American Psychological Association, for example, is a disgrace. Until professionals are willing to say some simple things about what it is right to do to people and what it is wrong to do to people in therapy, the FMS crisis will grow worse. If those who understand this point don't start to clean house from within, all will be tainted. When a house is on fire, reasonable people don't ignore it by saying, "Well, it's not my fault." Yet that is exactly what the majority of mental health professionals are doing.

The issue is straightforward—clinical experience based on generalizations, beliefs and personal judgment or clinical experience informed by science. Witch-doctors have lots of clinical experience. Lobotomists had lots of clinical experience. Astrologers have lots of clinical experience. We do not give "medical insurance payments" to witchdoctors, lobotomists or astrologers. We do make medical insurance payments to licensed mental health workers. If professionals accept money from a medical plan they are held accountable to medical standards, i.e. their practice should be informed by medical science. Clinical practice in any field is an art refined over time. It is a blend of experience from the past and judgment informed by science.

An unusual event at the conference was an unplanned informal debate in the hallway between Colin Ross, M.D. and Richard Ofshe, Ph.D. Several others joined for part of this two and one-half hour discussion. Did this informal exchange and the conference move us closer to the end of the FMS Craze? Colin Ross has been one of the leaders of those who have worked with Multiple Personality Disorder and memory therapy. After the conference we received a note that he "enjoyed the meeting, was amazed at the cordial reception...and would like to work actively on building bridges." We have been working to build bridges. The issues and the problems of FMS need to be reconciled. There must be many bridges for that to happen. For families who have been so hurt it won't be easy to overcome the anger. For professionals who entered their field to help, the realization of their personal responsibility for what has gone wrong will be painful. A mistake was made. Let's learn from it and move on.

Pamela

Bridge-building

In November, we met with representatives of the American Society of Clinical Hypnosis at their initiative. There were two major concerns. One pertained to rumors of legislative efforts by the Foundation. We explained that the Foundation has no legislative initiatives. The second concern was that our statements about hypnosis seemed so broad that people might become frightened of all uses of hypnosis. We replied that we would make efforts to clarify that. The concerns we have expressed about hypnosis pertain to its use for memory recovery. There are sound and valuable uses of hypnosis. The meeting was held in Boston at Beth Israel Hospital. Present were William Wester, II, Ed.D. President of ASCH, Charles B. Mutter, M.D., Laurie Halasz, Fred Frankel, M.D., John Kihlstrom, Ph.D., Peter Freyd, Ph.D and the FMSF executive director.

In early December we met with Melvin Sabshin, M.D.,

Medical Director of the American Psychiatric Association at the APA office in Washington, DC. This meeting was organized at the initiative of an FMSF parent. Much of the discussion centered around the goals and expectations of the FMS Foundation. The meeting concluded with plans for another meeting to discuss possible research projects or other initiatives that might be taken by the APA that would hasten the end of the FMS problem.

RUMORS

We received a letter from Jerome Weiner, M.D. President of the American Psychiatric Association. He informed us of a rumor that the APA had a sponsorship or endorsement role in the *Memory and Reality* conference in Baltimore and asked if we would help to dispel such a rumor. For the record, the American Psychiatric Association had no involvement at any time or in any way with the *Memory and Reality* Conference as far as we know. We asked Dr. Weiner if he could help us track down this rumor.

There have been many rumors about FMSF: it is a front for organized satanists; it is being funded by the Mafia; it is hiding convicted perpetrators; it has an executive director who programs people who come into the office; it is funding lawsuits. The tendency of certain therapists to accept these rumors as fact is the very tendency that brought the FMS Foundation into being.

We have tracked down one rumor: "FMSF is now producing a computer disk with information on how to sue your adult child's therapist." We received a copy of a letter written to an officer of the American Psychological Association by Laura Brown, Ph.D., one of the members of the APA task force studying recovered memories. Laura Brown refers to Lenore Walker, Ph.D. (the psychologist identified with the Battered Woman Syndrome) as a source of information about the computer disk. Perhaps we can track this rumor even further. Can we dispel this rumor? There is no such disk nor has such a project, on disk or paper, ever been considered by the Foundation. FMSF has been tracking the legal situation of people who contact us and most of that effort has been devoted to 800 cases brought by children against parents based solely on the claim of repressed memories. In the past six months we have started to track lawsuits brought by former patients and parents. The legal material accessible through the Foundation is available for anyone to read and check.

In the same letter, Dr. Brown makes reference to some proposed legislation that is described in material from the American Coalition for Abuse Awareness (ACAA), the group with which Marilyn van Derbur is now affiliated. Dr. Brown states, "Totally apart from my critical feelings about FMSF, which is a lobbying group that attempts to take on the mantle of science and which has enabled many practice-bashers to have a forum for their attacks on therapists, these proposed laws are chilling to say the least." She wonders if the APA can "find a common cause with the ACAA in combating this potential risk to all practicing psychologists." She further claims that state affiliates "work for laws that would severely restrict the practice of psychologists and create new possibilities for litigation against us by third

parties, in this case, disgruntled parents of our adult patients." This rumor is reported as fact also in David Calof's publication *Treating Abuse Today*, Nov/Dec 1994.

The FMSF is a 501 (c) (3) organization and does not lobby. We are following changes in state laws, changes in statutes of limitation and other initiatives. Perhaps Laura Brown is referring to the organization formed by lawyer/psychologist Christopher Barden from Minneapolis, MN. This project is not endorsed by FMSF nor is the Foundation involved with it. There may be families connected with the Foundation who are also connected with this effort but there are families who are also involved with Republican or Democratic issues and families active with Catholic or Jewish or other groups. The FMS Foundation has no legislative agenda and, in fact, is only now beginning an evaluation of existing laws such as those involved with the Protection and Advocacy for Individuals with Mental Illness Act of 1986 to see which might be of help to the people who contact us.

It is fascinating to track down the origin of a rumor. We hope that members of the APA task force on recovered memories will use primary sources rather than rumor for the information about memory upon which the APA guidelines will be based.

PROFESSIONAL GUIDELINES

The American Psychological Association issued an Interim Report from the Working Group on the Investigation of Memories of Childhood Abuse. The report has been described as an "On the one hand this—on the other hand that" kind of report. The interim report adds little but confusion to the serious problem that exists. It took 18 months for the committee to come to the conclusions that "it is possible that people can forget abuse, although the mechanisms are unclear" and that "it is possible to construct convincing pseudomemories, though these mechanisms are also unclear."

At the *Memory and Reality* conference, Terence Campbell, Ph.D. described the formation of this task force. In determining who would serve on this task force, the Council of Representatives of the APA voted 55 to 52 against obtaining input from its own Board of Scientific Affairs regarding who would be appointed. Why?

According to an article in the December 1994 APA *Monitor* "Interim report issued on memories of abuse," by Laurie Denton, p. 9, the final report will consist of a review of the trauma literature prepared by the three practitioners: Judith Alpert, Laura Brown, Christine Courtois on the committee, with a response by the three scientists: Steven Ceci, Elizabeth Loftus, Peter Ornstein and a rejoinder by the practitioners; there will also be a review of the memory literature prepared by the scientists, with a reply by the practitioners and rejoinder by the scientists. This planned format is clear documentation that the American Psychological Association is hopelessly split between scientists and clinicians. Psychology is a science. The art of psychotherapy can gain from being grounded on a firm scientific foundation. Is APA intending to ignore the science of memory?

Those wishing a copy of the Interim Report should

contact the Public Affairs Office of the American Psychological Association (202) 336-5700, 750 1st Street NE, Washington, DC 20002. Those wishing to make their feelings known about the importance that the APA base its report on scientific data are encouraged to write to Ronald E. Fox, President, at the same address.

The conclusions of the APA Interim report are:

- Most people who were sexually abused as children remember all or part of what happened to them.
- However, it is possible for memories of abuse that have been forgotten for a long time to be remembered. The mechanism(s) by which such delayed recall occur(s) is/are not currently well understood.
- It is also possible to construct convincing pseudomemories for events that never occurred. The mechanism(s) by which these pseudomemories occur(s) is/are not currently well understood.
- There are gaps in our knowledge about the processes that lead to accurate or inaccurate recollection of childhood sexual abuse.

We have chosen to print a letter from John Kihlstrom to the American Psychological Association which is followed by a list of the most recent publications of the members of the working committee.

MEMORANDUM

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DATE: November 25, 1994
 TO: Members of the APA Working Group on the Investigation of Memories of Childhood Abuse
 Judith L. Alpert, Laura S. Brown, Stephen J. Ceci, Christine A. Courtois, Elizabeth F. Loftus, Peter A. Ornstein
 APA Board of Directors Contacts for the Working Group: Dorothy C. Cantor, Ronald E. Fox, Robert J. Resnick
 FROM: John Kihlstrom
 RE: Interim Report of the Working Group

As a Fellow of the American Psychological Association, recipient of the APA Distinguished Scientific Award for an Early Career Contribution to Psychology (1979), former Associate Editor of the *Journal of Abnormal Psychology* (under two different editors), and an active researcher with both clinical training and deep clinical interests, I was profoundly disappointed to read the Interim Report of the APA Working Group on the Investigation of Memories of Childhood Abuse.

The Interim Conclusions of the report are entirely too sanguine about some clinicians' claims that memories of childhood abuse can be repressed, dissociated, or otherwise forgotten, and then recovered—spontaneously, through psychotherapy, or by other means.

After reviewing the literature on this area, I have come to the conclusion that the various forms of "recovered memory therapy" (RMT) currently being practiced have little or no scientific foundation either in empirical research or generally accepted psychological theory. For example:

1. Most of the arguments in favor of RMT are based on uncontrolled observations, anecdotal case reports, and inappropriate theoretical generalizations. To my knowledge, there exist only three formal studies of amnesia for incest or other childhood abuse: all three of these studies are inadequate in scientific terms.

2. Proponents of RMT often point to animal and human studies showing that emotional and nonemotional memories are processed by different brain structures. None of this research supports the claim that traumatic memories can be repressed and subsequently recovered, and in fact the weight of available evidence contradicts this assertion.

3. Proponents of RMT often rely on the recently emerging literature on implicit memory to support claims about the relationship between memory and intrusive images, feelings, and somatic symptoms. However, the logic of implicit memory does not apply to most cases of recovered memory, because inferences about implicit memory require independent corroboration of the events in question—evidence which is rarely available.

4. Proponents of RMT often claim to find corroboration of recovered memories in the patient's presenting symptoms. Unfortunately, it is not logically possible to infer a past event on the basis of present symptoms. Again, independent corroboration is required to make this connection; and again, this evidence is rarely available.

5. Proponents of RMT claim (or strongly imply) that recovery of traumatic memories is necessary for treatment to be successful. There is no scientific documentation of this claim.

Put bluntly, there is no good clinical evidence favoring the practice of RMT. But there does exist more than 100 years of experimental research on memory, conducted in both laboratory and field settings, that raises serious questions about this clinical practice. To dismiss this extensive body of research as irrelevant to clinical practice, as some proponents of RMT have done in print, is to express contempt for the scientific foundations on which professional psychology rests.

There is no question but that child abuse, including incest and other forms of sexual abuse, constitutes a major social problem in America. On the other hand, Consumers of psychological services have a right to know that the scientific basis for RMT is at best extremely weak. Clinicians and counselors have an ethical obligation to acknowledge this fact (and, frankly, to restrict their practices to techniques of assessment and treatment that have demonstrated validity and efficacy). And researchers have a right to expect that the American Psychological Association will support attempts to put clinical practice on a firm scientific basis.

By reinforcing these points in your Final Report, the threefold mission of the American Psychological Association—to advance psychology as a science and a profession and as a means of promoting human welfare—will be fulfilled.

I urge you to reconsider your Interim Report, and to issue a Final Report that is more strongly critical of RMT.

To this end, I have enclosed two forthcoming papers of mine ("Exhumed Memory" and "The Trauma-Memory Argument") which treat this issue in detail. A third paper is currently in preparation, and I will forward it to you as soon as it is finished.

Thank you for your consideration.

John F. Kihlstrom, Professor
Department of Psychology, Yale University
P.O. Box 208205, New Haven,
Connecticut 06520-8205

APA Task Force Members

For each of the 6 members of the APA task force, we list the most recent book and the 10 most recent papers. This information came from PsychInfo and Current Contents

JUDITH L. ALPERT (clinical)

3 books (2 as editor, 1 as author)

—*Psychoanalysis and women: contemporary reappraisals* / edited by Judith L. Alpert. Hillsdale, N.J.: Analytic Press, c1986.

32 papers:

—Mothering: The view from psychological research. *Signs*. 1984 Spr Vol 9(3) 434-453 (Gerson, Mary-Joan.; Alpert, Judith L.; Richardson, Mary S.)

—Parent problem solving: Analysis of problem solving in parent-hood transition. *Academic Psychology Bulletin*. 1984 Jun Vol 6(2) 141-155 (Alpert, Judith L.; Goldklang, Stanley C.; Vesci, Lorraine L.)

—Change within a profession: Change, future, prevention, and school psychology. *American Psychologist*. 1985 Oct Vol 40(10) 1112-1121

—Women and school psychology: Professional training, practice, and affiliation. *Professional School Psychology*. 1988 Win Vol 3(1) 3-11 (Alpert, Judith L.; Genshaft, Judy.; Maria Derencovo.)

—Graduate-level education and training in child sexual abuse. *Professional Psychology: Research & Practice*. 1990 Oct Vol 21(5) 366-371. (Alpert, Judith L.; Paulson, Andrew.)

—Psychoanalysis and child sexual abuse: A review of the post-Freudian literature. *Psychoanalytic Psychology*. 1991 Sum Vol 8(3) 305-327. (Wolf, Elizabeth K.; Alpert, Judith L.)

—Retrospective treatment of incest victims: Suggested analytic attitudes. *Psychoanalytic Review*. 1991 Fal Vol 78(3) 425-435.

—The core trauma of incest: An object relations view. *Professional Psychology: Research & Practice*. 1993 Aug Vol 24(3) 330-334. (Grand, Sue.; Alpert, Judith L.)

—Cross-gender behavior and gender conflict in sexually abused girls. *Journal of the American Academy of Child & Adolescent Psychiatry*. 1993 Sep Vol 32(5) 940-947. (Cosentino, Clare E.; Meyer-Bahlburg, Heino F.; Alpert, Judith L.; Gaines, Richard.)

—Analytic reconstruction in the treatment of an incest survivor. *Psychoanalytic Review* Vol 81(2) 217-235.

LAURA S. BROWN (clinical)

4 books (all as editor):

—*Personality and psychopathology: feminist reappraisals* / Laura S. Brown, Mary Ballou, editors; foreword by Lenore A. Walker. New York: Guilford Press, c1992.

30 Papers:

—Lesbian career development, work behavior, and vocational counseling. *Counseling Psychologist*. 1991 Apr Vol 19(2) 273-291 (Morgan, Kris S.; Brown, Laura S.)

—Diagnosis and dialogue. *Canadian Psychology*. 1991 Apr Vol 32(2) 142-144

—Ethical issues in feminist therapy: Selected topics.

Psychology of Women Quarterly. 1991 Jun Vol 15(2) 323-336

—Antiracism as an ethical imperative: An example from feminist

therapy. *Ethics & Behavior*. 1991 Vol 1(2) 113-127
 —Plus ça change . . . or, Who writes the scripts for these guys anyway? *Feminism & Psychology*. 1991 Feb Vol 1(1) 89-92
 —The future of feminist therapy. Special Issue: The future of psychotherapy. *Psychotherapy*. 1992 Spr Vol 29(1) 51-57 (Brown, Laura S.; Brodsky, Annette M.)
 —Psychotherapist-patient sexual contact after termination of treatment. *American Journal of Psychiatry*. 1992 Jul Vol 149(7) 979-980 (Brown, Laura S.; Borys, Debra S.; Brodsky, Annette M.; Gartrell, Nanette K.)
 —While waiting for the revolution: The case for a lesbian feminist psychotherapy. *Feminism & Psychology*. 1992 Jun Vol 2(2) 239-253
 —Adrienne J. Smith (1934-1992): Obituary. *American Psychologist*. 1993 Sep Vol 48(9) 987
 —Boundaries in feminist therapy: A conceptual formulation. Special Issue: Bringing ethics alive: Feminist ethics in psychotherapy practice. *Women & Therapy*. 1994 Vol 15(1) 29-38

STEPHEN J. CECI (memory researcher)

4 books (3 as editor):
Cognitive and social factors in early deception / edited by Stephen J. Ceci, Michelle DeSimone Leichtman, Maribeth Putnick. Hillsdale, N.J. : L. Erlbaum, 1992.
 49 papers :
 —Suggestibility of the child witness: A historical review and synthesis. *Psychological Bulletin*. 1993 May Vol 113(3) 403-439 (Ceci, Stephen J.; Bruck, Maggie.)
 —Contextual trends in intellectual development. Special Issue: Setting a path for the coming decade: Some goals and challenges. *Developmental Review*. 1993 Dec Vol 13(4) 403-435
 —Commentary on Plomin, R. (1994): Towards a more developmental behavioral genetics. *Social Development*. 1994 Mar Vol 3(1) 64-65 (Bronfenbrenner, Urie.; Ceci, Stephen J.)
 —The possible role of source misattributions in the creation of false beliefs among preschoolers. *International Journal of Clinical and Experimental Hypnosis*. V0042 N4 OCT 1994 pp. 304-320. (Ceci SJ; Loftus EF; Leichtman MD; Bruck M.)
 —Nature-nurture reconceptualized in developmental perspective—A bioecological model. *Psychological Review* V0101 N4 OCT 1994 pp. 568-586. (Bronfenbrenner U; Ceci SJ.)
 —Memory work—A royal road to false memories. *Applied Cognitive Psychology* V0008 N4 AUG 1994 pp. 351-364. (Ceci SJ; Loftus EF)
 —The institutional review board as a mirror of scientific and ethical standards. *American Psychologist* V0048 N7 JUL 1993 pp. 821-826. (Rosnow RL; Rotherambrou M; Ceci SJ; Blanck PD; Koocher GP.)
 —How reliable are children's statements—It depends. *Family Relations* V0043 N3 JUL 1994 pp. 255-257. (Ceci SJ; Bruck, M.)
 —Contextual trends in intellectual development. *Developmental Review* V0013 N4 DEC 1993 pp. 403-435.
 —Children's resistance to misleading postevent information—When does it occur. *Current Psychology* V0013 N1 SPR 1994 pp. 21-26. (Toglia, MP; Hembrooke H; Ceci SJ; Ross DF.)

CHRISTINE A. COURTOIS (clinical)

1 book (as author):
Healing the incest wound : adult survivors in therapy / New York : Norton, c1988.
 11 papers:
 —Characteristics of a volunteer sample of adult women who experienced incest in childhood or adolescence. *Dissertation Abstracts International*. 1979 Dec Vol 40(6-A) 3194-3195
 —Studying and counseling women with past incest experience. *Victimology*. 1980 Vol 5(2-4) 322-334
 —Trends in the treatment of men who commit violence against women. *Personnel & Guidance Journal*. 1981 Dec Vol 60(4) 245-249 (Watts, Deborah L.; Courtois, Christine A.)
 —Counseling adult women who experienced incest in childhood or adolescence. *Personnel & Guidance Journal*. 1982 Jan Vol 60(5) 275-279 (Courtois, Christine A.; Watts, Deborah L.)
 —Group treatment for grown-up abused children. *Personnel &*

Guidance Journal. 1982 May Vol 60(9) 564-566 (Courtois, Christine A.; Leehan, James.)
 —La tentative de suicide médicamenteuse ou le message avorté. Suicide attempt by overdosing: An abortive message. 20th Meeting of the Group for Suicide Research and Prevention: The body and suicide (1988, Lille, France). *Psychologie Médicale*. 1989 Mar Vol 21(4) 481-482 (Grillet, Claude.; Courtois, Christine.; Blettery, Bernard.; Gisselmann, Andre.)
 —Personal and professional issues for the counseling psychologist in private practice: 7-10 years postdoctorate. *Counseling Psychologist*. 1992 Jan Vol 20(1) 17-23
 —The memory retrieval process in incest survivor therapy. *Journal of Child Sexual Abuse*. 1992 Vol 1(1) 15-31
 —Pregnancy and childbirth as triggers for abuse memories—implications for care. *Birth-Issues in Prenatal Care* Vol 19 N4 Dec 1992 pp. 222-223. (Courtois CA; Riley CC)
 —Adult survivors of sexual abuse. *Primary Care* Vol 20 N2 Jun 1993 pp. 433-446.

ELIZABETH F. LOFTUS (memory researcher)

8 books (1 as editor)
The Myth of Repressed Memory / Elizabeth Loftus and Katherine Ketcham. New York : St. Martin's Press, 1994.
 118 papers
 —Near-natal memories, past-life memories, and other memory myths. *American Journal of Clinical Hypnosis*. 1994 Jan Vol 36(3) 176-179 (Loftus, Elizabeth F.; Garry, Maryanne.; Brown, Scott W.; Rader, Marcella.)
 —Memories of childhood sexual abuse: Remembering and repressing. *Psychology of Women Quarterly*. 1994 Mar Vol 18(1) 67-84 (Loftus, Elizabeth F.; Polonsky, Sara.; Fullilove, Mindy Thompson.)
 —The repressed memory controversy. *American Psychologist*. 1994 May Vol 49(5) 443-445
 —Consequentiality and eyewitness person identification. *Applied Cognitive Psychology*. 1994 Apr Vol 8(2) 107-121 (Foster, Rachel Ann.; Libkuman, Terry M.; Schooler, Jonathan W.; Loftus, Elizabeth F.)
 —Buried memories - Shattered Lives. *ABA Journal* Vol 79 Nov 1993 pp. 70-73. (Loftus EF; Rosenwald LA.)
 —Let sleeping memories lie - Words of caution about tolling the statute of limitations in cases of memory repression. *Journal of Criminal Law & Criminology* Vol 84 n1 Sr 1993 pp 129-174. (Ernsdorf GM; Loftus EF.)
 —Memory work—A royal road to false memories. *Applied Cognitive Psychology* Vol 8 N4 Aug 1994 pp 351-364. (Ceci SJ; Loftus EF.)
 —Untested claims damage the constitution - response *ABA Journal* Vol 80 Sep 1994 p. 43.
 —Pseudomemories without hypnosis. pp. 363-378. *International Journal of Clinical and Experimental Hypnosis* Vol 42 N4 Oct 1994 (Gary M; Loftus EF.)
 —The possible role of source misattributions in the creation of false beliefs among preschoolers. *International Journal of Clinical and Experimental Hypnosis* Vol 42 N4 Oct 1994 pp. 304-320. (Ceci SJ; Loftus EF; Leichtman MD; Bruck M.)

PETER A. ORNSTEIN (memory researcher)

1 book (as editor):
Memory development in children / edited by Peter A. Ornstein. Hillsdale, N.J. : L. Erlbaum Associates ; New York
 38 papers:
 —Children's spontaneous rehearsal: Transitions in strategy acquisition. *Cognitive Development*. 1987 Oct Vol 2(4) 307-326 (Gutentag, Robert E.; Ornstein, Peter A.; Siemens, Loneta.)
 —Age differences in visual-spatial memory performance: Do children really out-perform adults when playing Concentration? *Bulletin of the Psychonomic Society*. 1988 Jul Vol 26(4) 331-332 (Baker-Ward, Lynne.; Ornstein, Peter A.)
 —Children's concurrent use of rehearsal and organizational strategies. *Developmental Psychology*. 1989 Jul Vol 25(4) 619-627 (Cox, Brian D.; Ornstein, Peter A.; Naus, Mary J.; Maxfield, David.)
 —Neurobehavioral Evaluation System (NES) and school perfor-

mance. *Journal of School Psychology*. 1991 Win Vol 29(4) 337-352 (Arcia, Emily; Ornstein, Peter A.; Otto, David A.)

—Children's memory for a personally experienced event: Implications for testimony. *Applied Cognitive Psychology*. 1992 Jan-Feb Vol 6(1) 49-60 (Ornstein, Peter A.; Gordon, Betty N.; Larus, Deanna M.)

—Young children's long-term retention of a pediatric examination. *Child Development*. 1993 Oct Vol 64(5) 1519-1533 (Baker-Ward, Lynne.; Gordon, Betty N.; Ornstein, Peter A.; Larus, Deanna M.)

—Visiting the doctor: Children's knowledge and memory. *Cognitive Development*. 1993 Jul-Sep Vol 8(3) 361-372 (Clubb, Patricia A.; Nida, Robert E.; Merritt, Kathy.; Ornstein, Peter A.)

—Does the use of dolls facilitate children's memory of visits to the doctor? *Applied Cognitive Psychology*. 1993 Nov Vol 7(6) 459-474 (Gordon, Betty N.; Ornstein, Peter A.; Nida, Robert E.; Follmer, Andrea.)

—Age-related differences in speed of processing: Unconfounding age and experience. *Journal of Experimental Child Psychology*. 1994 Jun Vol 57(3) 449-459 (Rabinowitz, Mitchell.; Ornstein, Peter A.; Folds-Bennett, Trisha H.; Schneider, Wolfgang.)

—Children's memory for a salient medical procedure - implications for testimony. *Pediatrics* Vol 94 N 1 Jul 1994 pp. 17-23. (Merritt KA; Ornstein PA; Spicker B)

Correction

The Australian Guidelines printed in the November/December FMSF Newsletter was not the official version approved by the Board of Directors of The Australian Psychological Society. We apologize for the mistake. At the same time, we are glad for a reason to reprint this document. Following is the official version. The section on Clinical Issues is substantially revised.

THE AUSTRALIAN PSYCHOLOGICAL SOCIETY LIMITED APPROVED BY BOARD OF DIRECTORS, 1 OCTOBER 1994

Guidelines Relating to The Reporting of Recovered Memories

A PREAMBLE

The Australian Psychological Society has expertise in scientific, clinical and ethical aspects of the practice of psychology. These Guidelines Relating to the Reporting of Recovered Memories draw essentially on these competencies. The Australian Psychological Society acknowledges that the broader social context affects the credence given to the interpretation of recovered memories when independent corroboration is not available or possible. Central elements of this social context include gender, age, social class, ethnic and cultural identity. Although this wider context is beyond the scope of these Guidelines, the Australian Psychological Society recognizes that comment and debate on these issues is important.

B CODE OF PROFESSIONAL CONDUCT

These Guidelines should be read in conjunction with the Australian Psychological Society Code of Professional Conduct, which sets forth principles of professional conduct designed to safeguard

- the welfare of consumers of psychological services
- the integrity of the profession

The General Principles of the Code are:

I Responsibility

Psychologists remain personally responsible for the professional decisions they take

- Psychologists are expected to take cognizance of the foreseeable consequences of their actions and to make every effort to ensure that their services are used appropriately.
- In working with organizations, whether as employees or consultants, psychologists shall have ultimate regard for the highest standards of their profession.

II Competence

Psychologists shall bring to and maintain appropriate skills and learning in their areas of professional practice

- Psychologists must not misrepresent their competence, qualifications, training or experience.
- Psychologists shall refrain from offering or undertaking work or advice beyond their professional competence.

III Propriety

The welfare of clients, students, research participants and the public, and the integrity of the profession, shall take precedence over a Psychologist's self interest and over the interests of the psychologist's employer and colleagues.

- Psychologists must respect the confidentiality of information obtained from persons in the course of their work as psychologists. They may reveal such information to others only with the consent of the person or the person's legal representative, except in those unusual circumstances in which not to do so would result in clear danger to the person or to others. Psychologists must inform their clients of the legal or other contractual limits of confidentiality.
- Psychologists shall refrain from any act which would tend to bring the profession into public disrepute.

C GUIDELINES RELATING TO RECOVERED MEMORIES

These Guidelines set forth information and recommendations designed to safeguard clients and psychologists who are dealing with reports of recovered memories. These Guidelines acknowledge, however, that those who are associated with the events of therapy (Psychologist, client, and others) must take ultimate responsibility for their own actions.

I Scientific Issues

Memory is a constructive and reconstructive process. What is remembered about an event is shaped by what was observed of that event, by conditions prevailing during attempts to remember, and by events occurring between the observation and the attempted remembering. Memories can be altered, deleted, and created by events that occur during and after the time of encoding, and during the period of storage, and during any attempts at retrieval.

Memory is integral to many approaches to therapy. Repression and dissociation are processes central to some theories and approaches to therapy. According to these theories and

approaches, memories of traumatic events may be blocked out unconsciously and this leads to a person having no memory of the events. However, memories of these traumatic events may become accessible at some later time. Although some clinical observations support the notion of repressed memories, empirical research on memory generally does not. Moreover, scientific evidence does not allow global statements to be made about a definite relationship between trauma and memory.

"Memories" that are reported either spontaneously or following the use of special procedures in therapy may be accurate, inaccurate, fabricated, or a mixture of these. The presence or absence of detail in a memory report does not necessarily mean that it is accurate or inaccurate. The level of belief in memory or the emotion associated with the memory does not necessarily relate directly to the accuracy of the memory. The available scientific and clinical evidence does not allow accurate, inaccurate, and fabricated memories to be distinguished in the absence of independent corroboration.

It is established by scientific evidence that sexual and/or physical abuse against children and adults is typically destructive of mental health, self esteem, and personal relationships. It is also the case that people who suffer these experiences may use various psychological mechanisms to reduce the psychological severity of the painful events in an attempt to help them cope with the experience and its consequences.

Just as psychologists should be familiar with this evidence, so should they recognize that reports of abuse long after the events are reported to have occurred are difficult to prove or disprove in the majority of cases. Independent corroboration of the statements of those who make or deny such allegations is typically difficult, if not impossible. Accordingly, psychologists should exercise special care in dealing with clients, their family members, and the wider community when allegations of past abuse are made.

II Clinical Issues

Psychologists should evaluate critically their assumptions or biases about attempts to recover memories of trauma-related events. Equally, psychologists should assist clients to understand any assumptions that they have about repressed or recovered memories. Assumptions that adult problems may or may not be associated with repressed memories from childhood can not be addressed by existing scientific evidence.

Psychologists should be alert to the ways in which they may unintentionally overlook or minimize reports of experiences of abuse or other events that may have had a significant impact on a client. They should also be alert to the ways that they can shape the reported memories of clients through the expectations they convey, the comments they make, the questions they ask, and the responses they give. Psychologists should be alert that clients are susceptible to subtle suggestions and reinforcements, whether those communications are intended or unintended. Therefore, psychologists should record intact memories at the beginning of therapy, and be aware of any possible effects

from outside the therapeutic setting (e.g., self-help groups, popular books, films, television programs).

Psychologists should be alert not to dismiss memories that may be based in fact. Equally they should be alert to the role that they may play in creating or shaping false memories. At all times, psychologists should be empathic and supportive of the reports of clients while also ensuring that clients do not jump to conclusions about the truth or falsity of their recollections of the past. They should also ensure that alternative causes of any problems that are reported are explored. Psychologists should recognize that the context of therapy is important as is the content.

Psychologists should not avoid asking clients about the possibility of sexual or other abusive occurrences in their past, if such a question is relevant to the problem being treated. However, psychologists should be cautious in interpreting the response that is given. Psychologists should not assume the accuracy or inaccuracy of any report of recovered memory.

Psychologists should recognize that the needs and well-being of clients are their essential focus and they should design their therapeutic interventions accordingly. Relatedly, psychologists should recognize that therapeutic interventions may have an indirect impact on people other than the client they are treating. They should seek to meet the needs of clients who report memories of abuse, and should do this quite apart from the truth or falsity of those reports. Psychologists should be cautious about conveying statements about the accuracy of memory reports given by clients. In particular, psychologists should understand clearly the difference between narrative truth and historical truth, and the relevance of this difference inside the therapy context and outside that context. Memory reports as part of a personal narrative can be helpful in therapy independent of the accuracy of those reports. But, to be accepted as accurate in another setting (e.g., court of law), those reports will need to be shown to be accurate.

III Ethical Issues

Psychologists treating clients who report recovered memories of abuse are expected to observe the Principles set out in the Code of Professional Conduct of the Australian Psychological Society, and in the Code of Professional Conduct of the Psychologists Registrations Boards in States in which they are registered as psychologists. Specifically, psychologists should obtain informed consent at the beginning of therapy in relation to the therapeutic procedures and process.

Psychologists should explore with any client who reports recovering a memory of abuse that it may be an accurate memory of an actual event, may be an altered or distorted memory of an actual event, or may be a false memory of an event that did not happen. Psychologists should explore with the client the meaning and implications of the memory for the client, rather than focus solely on the content of the reported memory. Psychologists should explore with the client ways of determining the accuracy of the memory, if appropriate.

Psychologists should be alert particularly to the need to

maintain appropriate skills and learning in this area, and should be aware of the relevant scientific evidence and clinical standards of practice. When appropriate they should refer the client to a colleague who is especially skilled and experienced in dealing with issues in this area. Psychologists should guard against accepting approaches to abuse and therapy that are not based in scientific evidence and appropriate clinical standards.

Psychologists should be alert also to the personal responsibility they hold for the foreseeable consequence of their actions.

IV Legal Issues

Psychologists should in no way tolerate, or be seen to tolerate, childhood or adult sexual abuse, or abuse of any kind. They should ensure that their psychological services are used appropriately in this regard, and should be alert to problems of deciding whether allegations of abuse are true or false. They should be alert especially to the different demands and processes of the therapeutic and legal contexts in dealing with such allegations.

Psychologists should be aware that some approaches and writings concerning abuse and recovered memories urge people who report recovered memories to pursue legal action of various types. Given that the accuracy of memories cannot be determined without corroboration, psychologists should use caution in responding to questions from clients about pursuing legal action.

Psychologists should be aware that their knowledge, skills, and practices may come under close scrutiny by various public and private agencies if they are treating clients who report recovering memories of abuse. Psychologists should ensure that comprehensive records are maintained about their sessions with clients who report recovering such memories.

V Research Issues

Psychologists should be aware that research is needed to understand more about trauma-related memory, techniques to enhance memory, and techniques to deal effectively with childhood sexual abuse. Psychologists should support and contribute to research on these, and related, issues whenever possible.

Note. These guidelines have been adapted from:

McConkey, K.M., & Sheehan, P.W. (in press). *Hypnosis, memory, and behaviour in the forensic setting*. New York: Guilford Press.

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GREAT NEWS

A generous donor has agreed to match up to \$100,000 of contributions received from our members from December 1, 1994 to February 28, 1995.

If you can, please consider following the example of an elderly gentleman, who came up to me at the recent Memory and Reality conference in Baltimore and handed me a check for \$1,000 saying, "I'm 80 years old and I'm still working. As long as I can work, I can make a contribution to the Foundation."

This is the kind of commitment we need if we are to have the funds to work for a speedy resolution to the problems facing us. Please take advantage of this generous offer and do what you can to help.

Charles Caviness
Fund Raising Chair

OFFICE CHANGES

We are pleased to announce that Frank Kane has accepted the newly created position of Director of Operations for the Philadelphia office. Many of you already know Frank because his family is one of the first to work through the issues of retraction and reconciliation. What you may not know are the excellent managerial skills that Frank, who recently retired, brings to the job. In a competitive search, Frank's background and long experience stood out. Frank also has a "fire in his belly." He and his family said that the information provided by the Foundation was critical in helping them work its way out of the FMS problem. Frank and his family are so dedicated to helping other families that he will become a commuter from his home in Massachusetts.

There were tears in the eyes of everyone in the office as we said "Goodbye" to Nick who has so capably managed our computer systems for the past year. He has become a friend to many families. Nick is realizing his long-standing plan of relocating to Greece and joining his family there. We will all miss him.

We welcome Valerie W. who is assuming the responsibilities for managing the FMSF communications systems. She brings impressive computer experience. She also brings experience of working in a field of sensitive human problems.

To all our wonderful office volunteers! No, you have not been replaced. You have been promoted. When we noticed that our little postage meter was being held together with tape, we knew it was time to consider a larger model. The new meter, a wonder of technology, seals envelopes automatically. In addition, we have finally purchased a folding machine.

The little FMSF office is abuzz. We have been able to do as much as we have because of the dedicated volunteers in the office and around the country. THANK YOU ALL!

LEGAL CORNER

FMSF Staff

Accused Michigan Father Acquitted in Allegan County Trial

reported in "Misty Memory" by Pat Shellenberger
The Grand Rapids Press, December 4, 1994

In 1988, Tami Reurink entered therapy after a nervous breakdown due in part to postpartum depression after the birth of her fourth child, as well as her husband's near-fatal accident. After release from a hospital stay, she began to see a therapist, Wanda Carter-Smith, who has an MA in social work. After being urged to read *The Courage to Heal* as part of her therapy, Tami experienced "flashbacks" of what she believed was abuse by her father and grandfather. She came to believe that her father had repeatedly molested her as a child and she confronted her mother in 1992, stopped allowing her children to see their grandparents and reported her memories to the police. The police came to her father's house and arrested him, handcuffed him and put him in jail, where he spent the night sleeping on the floor of a holding cell. Her father, Jim Bruxvoort was the first person in West Michigan to be arraigned on criminal charges based on repressed memories.

The jury of six men and six women took less than an hour and a half to reach the "not guilty" decision. One juror was quoted as saying "I think if you're going to accuse someone, you have to have more evidence than the memories. It just seemed like such a weak case to me. I was a little surprised it made it to court." The Bruxvoorts are not concerned about their enormous legal expenses. Their main concern is Tami. "I know that we love her - an unconditional love. We'd take her back any day; take her back any time."

Psychiatrist and Hospital Found Negligent reported in *New York Times* and *Associated Press* December 16, 1994

In a 10 to 2 Allegheny County jury verdict, Dr. Judith Cohen and the University of Pittsburgh's Western Psychiatric Institute and Clinic were found guilty of negligence. The jury awarded more than \$272,000 to Nicole Althaus, who is now 19 and to her parents with whom she has reconciled. The Althaus family alleged that Nicole had been improperly diagnosed and treated when Nicole's therapist encouraged her to continue to believe in nonexistent events and disregarded information that contradicted the allegations of abuse. A separate lawsuit filed in federal court is still pending which accuses prosecutors, social workers, police detectives and child-advocacy attorneys of mishandling the investigation.

This case began when Nicole was 15 and her mother had breast cancer. Nicole began to confide in a teacher at school who soon became her "soul sister." Growing more and more depressed, the teacher and a social worker at Magee-Women's Hospital allegedly encouraged her to believe that the reason for her depression was that her father had abused her sexually.

In 1991, after Nicole had told authorities she had been abused, the father was arrested, Nicole was removed from

the family. Cohen began seeing Nicole and diagnosed her as suffering from post-traumatic stress disorder brought on by sexual abuse. Some of the Nicole's reports included that her grandmother flew about on a broom, that she was tortured with medieval thumbscrews, that she bore three children who were killed and that she was raped in view of diners in a crowded restaurant. The family contended that Dr. Cohen failed to consider that Nicole was making up the allegations and that her inaccurate diagnosis caused Nicole to cling to false beliefs that she had been abused. While Dr. Cohen said that she never believed the wildest tales of orgies, murder and torture, she said that it was her job to treat the girl, not investigate her.

Jury finds psychiatrist liable in slander suit reported in *Dallas Morning News* Tracy Everbach December 15, 1994

A Dallas County jury awarded \$350,000 to LaVerne and Edward Khatain for slander by psychiatrist Dr. Wayne Jones of Richardson, Texas. From 1986 to 1991, Dr. Jones and a psychologist treated the Khatain's 48-year old daughter. The daughter, who has since retracted her allegations, first reported the alleged abuse in April 1990 after Dr. Jones interviewed her while she was under the influence of sodium Amytal. Soon after Dr. Jones had a meeting with the patient's daughters ages 17 and 23 and told them of the allegations against their grandparents. The Khatains contended that because of the assertions, two of the daughters completely ostracized their grandparents. The complaint contended that Dr. Jones presented the allegations to the family as if they were fact and essentially destroyed the relationship between the grandparents, their daughter and their grandchildren. The jurors found that Dr. Jones had committed slander but had not intentionally inflicted emotional distress upon the Khatains or acted with malice.

The Khatains have since reconciled. The Khatains pressed for this lawsuit in the hope that it would prevent this kind of thing from happening to other families and that the verdict "has the effect of making psychiatrists and others in the mental health field think very carefully before making statements that are not true about someone else."

Suit hits satanism memories reported in *Houston Chronicle* Deborah Tedford December 13, 1994

A \$50 million dollar lawsuit has been filed by a former patient against Spring Shadows Glen Psychiatric Hospital and 34 other entities and doctors in Texas and Indiana which accuses them of conspiracy, negligence and fraud in connection with 3 1/2 years of therapy that cost her insurance company more than \$3 million. Mary Shanley, 44, said that doctors convinced her that her depression and anxiety about everyday problems was the manifestation of repressed memories of childhood sexual abuse by parents and other family members. She said she came to believe that she was a member of a satanic cult that practiced human sacrifice.

During the course of her treatment, the first-grade teacher was told that she has Multiple Personality Disorder

and exhibited as many as 1,000 alternate personalities. Because she was diagnosed as having been a satanist, she no longer can teach public school. Shanley was told that she was a fifth-generation Satan worshiper who was being groomed to be a cult high priestess. As a result of those beliefs, Shanley's husband divorced her and her young son grew fearful of her and is no longer in contact.

Holly Ramona Suit Dismissed
reported in *San Francisco Chronicle*
Katy Butler December 13, 1994

Los Angeles Superior Court Judge Burton Bach dismissed a lawsuit against Gary Ramona that was brought by his daughter, Holly, for sexual abuse. The Judge said that the issue was resolved in May in the Napa case in which Gary Ramona successfully sued Holly's therapists for malpractice. Gloria Allred, who is Holly's lawyer, intends to appeal this decision. Allred contends that Holly was not a party in the Napa malpractice case. It is argued that the malpractice case did not decide the issue of whether the abuse had occurred or not. In the Napa case, Gary Ramona argued that his daughter was falsely told that she could not lie under the effects of sodium Amytal and that if she recalled abuse under its effects it was proof the abuse was true. Gary Ramona was awarded \$475,000 in that case.

Center accused of planting false memories
reported in *The Arizona Daily Star*
Joe Salkowski December 6, 1994

The families of five patients at Samaritan Counseling Center in Scottsdale, Arizona have filed complaints with the Arizona Board of Behavioral Health Examiners. The panel ruled in August that Samaritan Director Al Ells may have allowed the use of techniques "contrary to the recognized standards of practice of the behavioral health profession or that constitute a danger to the health, safety or welfare of clients." The complaints mark the first time the state of Arizona board has been asked to curb abuses that critics say are inherent in recovered-memory therapy. The panel found evidence to support allegations that Ells was negligent in his supervision of a staff that included two uncertified therapists with no formal education beyond a high school degree.

Gina Smiley, a 32-year old Illinois resident and former Samaritan patient, said a Samaritan therapist routinely pinned her on the floor with her knees and performed exorcisms in front of other patients. Smiley went to Samaritan in 1990 after checking into a Wickenburg clinic for treatment of anorexia and bulimia. Smiley, who has since filed a lawsuit, noted that her therapist told her that her dreams were actual memories, diagnosed her as having Multiple Personality Disorder and convinced her that her family had forced her to bear, murder and devour babies in satanic ritual.

Daughter's recovered memories lead police to charge father in gruesome 1967 murder
reported in *The Press, Atlantic City, NJ*
Associated Press, November 20, 1994

Murder charges have been filed against Larry Stegman

of Metropolis, Illinois and Joe Rickman of Selmer, Tennessee based on the recovered memories of Connie Sievek. Ms. Sievek, who is now 30, entered therapy and claims to have recovered a memory which implicated her father and three other men in a murder that took place in 1967 when she was three years old. The person who was killed was Hattie Barnes and there were no arrests for more than two decades. Connie Sievek claims that she now remembers that after her father had sex with Barnes, two unidentified men came into their home, murdered Barnes and hauled the body away to a farmhouse where it was burned the next day. Sievek claims she remembers Barnes' red nail polish and golden-green eyes and even the way she was slaughtered and disemboweled. Both Sievek and her psychotherapist testified that Sievek was never hypnotized. Sievek started seeing Sylvia Dickey Smith in 1992 for depression. The trial is scheduled to begin on February 14.

After 10 Years, Prosecutors Drop Charges of Sex Abuse
reported in *The New York Times*
Evelyn Nieves December 3, 1994

Margaret Kelly Michaels, who spent five years in prison before her 1987 conviction was overturned last year, has learned that the State of New Jersey has decided not to prosecute the case again. Michaels was a teacher at the Wee Care Nursery when she was accused of performing sexual acts on children such as probing their bodies with knives and forks, forcing them to eat feces and to defecate on her. This case adds to "the growing number of lengthy, expensive, multiple-child sexual-abuse trials across the country in which defendants were acquitted or had their convictions overturned because the interrogations of the children in the cases were found to have planted suggestions in their minds."

Hurricane Strikes Country Walk
reported in *Miami New Times*
Steven Almond November 10, 1994

The Country Walk child-abuse case was one of the most notorious of the child-abuse prosecutions ten years ago in 1984. Janet Reno was the prosecutor. Much of the case against Frank Fuster hinged on the testimony of his wife, Ileana Fuster, then 17 years old. Now Ileana, who lives in Honduras, has stated that her testimony was not correct, that it was the result of brainwashing on the part of a pair of counselors who treated her before the trial. At this time it is not clear if the case will be retried.

Family Sues Social Worker and Sheriff
reported in *The Enterprise*
John Wharton October 26, 1994

A \$7.5 million lawsuit has been filed by Judee Smith against the St. Mary's (Maryland) sheriff's deputies and social workers alleging the the civil rights of her two sons were violated when they were wrongfully grabbed, handcuffed and denied permission to speak with their lawyer. The reason for the arrest and detention of the boys seems to have been a belief that their father would take the boys

down into the nearby woods to perform satanic rituals with them. Examinations indicated there was no reason to believe that any of the children had been subjected to any child abuse by their father or anyone else. The Smith family tragedy which was described in *Esquire* (March 1994) started when their daughter accused her father of abuse. At one time she was diagnosed with 69 personalities and spent 18 months in an institution. The daughter has since recanted the whole story.

**Jury rejects sisters' recovered memories of sexual abuse
reported in *The Australian*
Colleen Egan November 28, 1994**

In Australia's first trial based on alleged repressed memories, a jury in Bunbury, south of Perth, acquitted the 65-year-old father charged by his two daughters that they had suffered 25 years of horrific sexual torture that they didn't know anything about until they entered therapy. The daughters claimed that their father had abused them in ritualistic torture and had used power tools, knives, crucifixes and animals. They believed that they had been gang raped by their grandfather, uncles and brothers. The father is still scheduled to face the Supreme Court in February but the *Australian* has reason to believe that the charges will probably be dropped. The defense barrister noted that "You know and we know that they are all ruined, whatever the verdict."

BOOK REVIEW

Review by Robyn M. Dawes
Carnegie Mellon University

Return of the Furies: An Investigation into Recovered Memory Therapy

Hollida Wakefield and Ralph Underwager
Peru, Illinois: Open Court Publishing Company, 1994

This excellent book is a powerful and detailed indictment of "recovered memory" "therapy," which is not therapy (in the sense of healing) and is not memory (in the sense of historically accurate recall). Moreover, it has no basis in anything that could remotely be termed "science." As Wakefield and Underwager point out toward the conclusion of one of the strongest chapters in the book (Chapter 12): "The only answer given by proponents of recovered memories to the question 'How do you know?' [that memory is historically accurate] is a presentation of anecdotes, case studies, and personal, subjective feeling. It is wrong to cite a testimonial or case study as support for a particular theory or therapy. Those who do so mislead the public if they don't point out that such evidence is open to a wide range of alternative explanations and can be highly misleading. . . . To the best of our knowledge no proponents of claims of recovered memories even attempt to answer the question whether or not they do better than chance. We know of no scientific quantified data supporting any of the techniques passed off as therapeutic and healing" (page 362).

The same blunt approach is found throughout. The section quoted above, for example, is followed by the single

sentence paragraph: "Recovered memory therapy as it is practiced is unethical and constitutes malpractice" (page 362).

In the prologue of the book, the authors cite an incident in which Underwager, as a young Lutheran pastor, noticed a 7-year-old girl who "looked a bit shabby" at a parochial school he had started in the fall of 1952. "Denise began to spend the time interacting with him. During morning recess on a day in early January, she said, 'my Daddy screws me.' At that time there was no child protection system. The police were not interested. That afternoon he took Denise to her home, pointed his finger at the father and said, 'you are the man!'. Nathan's words to King David confronting him with his adultery with Bathsheba." After "the father was confronted by the Elders in meetings," Underwager spent time counseling the families and 10 years later Denise reported to him that "there was never any further sexual abuse by her father and that he was happy she was doing so well" (pages 2 and 3). That story exemplifies the personal style of the authors. They point, they confront—and then give generally good advice to those caught in the rip tide created by the reality of child sexual abuse clashing with the totally invalidated claims of those who (sincerely) believe they can diagnose or recover memories, for example, by observing clients' high base rate symptoms that can result from a variety of problems, and by urging these clients to engage in activities such as hypnosis, guided imagery, and joining "survivors groups"—activities that have been demonstrated to yield high rates of false belief and delusion.

The direct tone in presenting conclusions is complemented by very careful scholarship throughout this book. The conclusions are well-founded. The authors have gone to great lengths to present in detail not only the research that should lead to the rejection of recovered memory therapy, but the belief of proponents as well. In fact, the authors do such a good and responsible job of presenting the arguments of those supporting recovered memory therapy that these arguments become almost plausible.

How widespread is the problem the authors address? At the time the book was written, its prevalence could be estimated only on the basis of convenience samples, such as those of Smith and Yapko. Later, however, a much more systematic poll of therapists has been conducted by Poole, Lindsay, Memon, and Bull (in press). These authors randomly sampled licensed U.S. doctoral psychotherapists from the National Register of Health Service Providers in Psychology and British psychologists from the Register and asked them to check any technique "that you have used in the past 2 years to help clients remember childhood sexual abuse." (The first version of the questionnaire simply asked "check any techniques that you have used with abuse victims in the past 2 years," with highly similar results.) They listed "8 techniques that are considered suggestive by many cognitive psychologists" (an understatement). Only 39% of those surveyed returned the questionnaire, but 71% of those responding indicated that they had used one of these techniques and 25% indicated that they had used two or more. The latter group reported working with a total of 3,542 adult female clients in the previous two years. The

Memory and Reality: *Emerging Crisis*

Video inspired by FMSF Valley Forge Conference in April, 1993

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United States sample consisted of 3.75% of those in the National Register. If we make the hyper-conservative assumption that no one not responding to the questionnaire uses two or more of these techniques, we obtain an estimate of 94,453 women who have seen therapists in the United States the previous two years who used two or more. On the assumption that non-responders are equivalent to responders, that estimate is 242,188. But there are only 16,000 psychotherapists in the National Register and an estimated 250,000 spread out throughout the United States. Those in the Register tend to be the best trained. Assuming that others are at least as fond of these coercive techniques as those who are well trained, the previous assumptions yield a lower bound of 1,475,833 for the last two years. (This reviewer finds this figure quite "unbelievable," but all the reader must do is divide 3,542 by .0375 and then multiply by 250/16 to obtain it.) Wakefield and Underwager are absolutely correct in their assessment that recovered memory therapy is widespread.

The only chapter of the book I find questionable is the one in which the authors offer advice for distinguishing between true versus false memories (When Memories Are Real, Chapter 11). Suddenly, a great many statements concerning the authors' own "beliefs," "skepticism," and "assessment" of what is more or less "unlikely" appear. They offer "hypotheses and suggestions by ourselves, Martha Roger, and Richard Gardner" for distinguishing between historically accurate versus historically inaccurate memories, but then conclude that these hypotheses and suggestions should all be "provisional since there's little

research as yet on the criteria differentiating real from false allegations of childhood abuse" (page 340). Why present these ideas at all? The authors are criticizing others who present such ideas without any empirical verification, and their ideas have none as well. Admittedly, empirical verification of hypotheses for distinguishing between past historical fact versus fantasy concerning sexual abuse is extremely difficult to obtain. But it is the recovered memory therapists who claim that therefore criteria established in all other contexts are irrelevant, and that therefore their own hypothesized criteria should be given some credence. A "we don't know" conclusion would be more consistent with criticism of the recovered memory approach than is one of presenting unverified "hypotheses and suggestions."

This inconsistency does not, however, damage the very next chapter, which may be the most powerful in the book. While it is titled "Good and Bad Therapists: How to Tell the Difference," it really concerns the ethics of recovered memory therapy. After quoting Striker and Meehl and McFall that persisting in approaches despite clear negative evidence is simply unethical, Wakefield and Underwager address one of the most serious claims of recovered memory therapists (pgs. 364-365): "Some of the recovered memory therapists argue that it is a therapeutic necessity to believe the patient even if the memories are not real. They claim that it has therapeutic benefit and helps clients when the therapist believes their story. There are no quantified data to support this claim and the idea is wrong and foolish. It rests on the assumption that error can be beneficial. We

believe that error can never, in the long run, contribute to healing nor to a better life. Science can be about lots of things but one thing it is never about is encouraging error" (followed by examples such as insulin shock therapy, prefrontal lobotomies, and curing schizophrenia by pulling out all the teeth).

The whole book is, in fact, oriented toward what the authors see as a struggle between empiricism and rationality versus the error of pure intuition and emotionality, which here has resulted in the return of the Furies. I am not certain whether this framework enhances or detracts from the book: For example (pg. 21): "Today in the United States freedom is abandoned and individual rights surrendered for fear of crime and rage that drugs. Violence is met with greater violence and harsher and more draconian punitiveness. Gender warfare breaks out in wild and bizarre attacks and convoluted reasoning produces wholesale blaming of entire categories of persons, for example: All men are rapists; all women are emotional and hysterical. Whining and complaining replace courage, self-reliance and personal responsibility. Random acts of violence shatter the veneer of order. Victimization supersedes virtue and political correctness covers rudeness and ill-mannered behaviors unthinkable 20 years ago." The trend is certainly there. Moreover, Wakefield and Underwager are—in this reviewer's opinion—correct when they state that "the great mass of human anguish and pain is not caused by some mysterious cosmic force, as Luke Skywalker encounters in Darth Vader, but rather by plain, simple, garden variety human stupidity" (page 21). I further agree that the rational and critical approach to life—as exemplified by science—is not natural as emotional acceptance of authority and self-serving ideology* (although I see more of a need to integrate emotion and reason than to juxtapose them). The problem with this framework, however, is that it initially presents recovered memory therapy as just one instance of "the return of the Furies," while in fact the bulk of the book concerns recovered memory therapy per se; moreover, there is simply not enough space to substantiate the general assertion about rationality, vindictiveness, and emotionality.

I can not do justice to the whole book in this brief review. I recommend it highly. I also recommend that it not be chewed entirely at one setting. The Wakefield and Underwager bluntness in stating their opinion combined with the details of their reporting of the scientific literature make it a book that is difficult to read quickly. Moreover, there are the anecdotes. The authors use them quite responsibly to illustrate points rather than to form a basis for generalization. Many, however, (for example the attorneys' report, pages 270-276) are simultaneously heart-wrenching and infuriating. Like the rest of this challenging book, they can not be read quickly. All of it, however,

* "Scientific thinking, which is analytic and objective, goes against the grain of traditional human thinking, which is associative and subjective. Far from being a natural part of human development, science arose from unique historical factors." Alan Cromer, *Uncommon Sense: The Heretical Nature of Science*. (Reprinted in *Science*, 28 July '94, 265, 688.)

deserves to be read and studied by all concerned with this "therapy."

References

Poole, D.A. Lindsay, D.S. Memon, A., and Bull, R. (in press). "Psychotherapy and the recovery of memories of childhood sexual abuse: U.S. and British practitioners' opinions, practices, and experiences," *Journal of Consulting and clinical Psychology*.

FROM OUR READERS

MAKE A DIFFERENCE

This is a new column that will let you know what people are doing to counteract the the harm done by FMS. Remember that three years ago FMSF didn't exist. A group of 50 or so people found each other and today we are over 15,000. Together we have made a difference. How did this happen?

California Board of Behavioral Science-
Quarterly Meeting
November 17 & 18, 1994 Sacramento, CA

After almost a year's worth of attending Board meetings, making many telephone calls, writing letters and buttonholing Board members in the halls, the California Board of Behavioral Science that has jurisdiction over MFCC and LCSW clinicians finally agreed to put "repressed memory" on the meeting agenda. Till now, the best we could do was make a presentation of a few minutes during the "public comment" period.

There were 39 family members from San Diego to Wheatland and from Santa Cruz to Auburn who attended. Among us were several families who had been sued, won or settled their cases, and one couple whose litigation was still pending. Ten of the families gave presentations. Another presenter, a practicing MFCC herself, expressed her concern that the current crop of therapists is poorly trained to deal with false memory issues and needs more scientific training and better education.

In testimony before the legislature in 1992, the Board's Executive Director, who recently resigned, warned of problems in counseling since many licensees did not have proper training. As a result, considerable legislation was passed last year regarding professional requirements for applicants and examination procedure, but nothing dealing with the problems of the "repressed memory" process.

The Board's recently appointed acting Executive Director, as well as some of the Board members just appointed this year, were present. When our first presenter began to speak, one of the Board members interrupted and commented that she had no idea what "repressed memory" therapy was all about! We explained briefly, but after everything was concluded, the Board President acknowledged several facts: (1) that everyone who contacts the board deserves some kind of responsible reply; (2) that the problems regarding "repressed memory" therapy are more complex than they realized; (3) input from professionals in the field was needed; and (4) more than one hour was needed to deal with the problem.

As a result, they requested more information to enlighten themselves on the subject. We are in the process

of making up packets to be delivered to the Board members. Probably the most important point was that they plan to allot a whole day to the subject in February 1995, their next quarterly meeting. They plan to get some "professional experts" to give testimony regarding procedure. We pray that our collective efforts will effect a change in what the therapists have been doing, possibly adopting some of Dr. Barden's recommendations or the Australian guidelines (both of which have already been provided to them).

By Charles Brallier, Jr. and Mary Kay Brallier

You can make a difference. Please send me any ideas that you have had that were or might be successful so that we can tell others. Write to Katie Spanuella c/o FMSF.

Editors note: From a phone call

Retraction is a "process" and not an "event"

Two years ago, my daughter broke the chilling separation she had earlier caused with her dreadful accusations. She agreed to talk to me, her mom. She said that she might have been wrong in some things about me, but she still clung to the belief that her father abused her. We talked. I gave her information. For two years this continued. Last week, she retracted fully. She wants to apologize to her father, but he isn't ready to accept it.

A Mom

Editors note: Many professionals advise parents to stay in contact with their children. Following is the kind of reply that may arrive. Staying in contact is not possible for everyone.

Letter to seriously ill 80 year old mom

Dear Mom,

Your friends wrote to me to inform me of your condition and how a note of love from me would do you so much good. Frankly, I find that hard to believe. Does a note of love mean that I recant all of my memories?...

You damaged my self worth so I can no longer have confidence and respect for myself. Is that what you wanted? Although I find great difficulty in expressing love for you, I am thankful for my birth and for the times you helped me and took care of me. I regret that you are suffering, it causes me great pain, but I'm in so much pain myself mourning the childhood I never had...

I wish you had expressed regret for what you did and a true concern for me, not based on you. Then maybe I would feel like I had a mother....Any response should be referred to my therapist as earlier agreed.

Dear Friends,

I appreciate the readers' open letters to the FMSF Newsletter. Through these open letters I feel less alone in my life that instantaneously became an insane journey.

Many years ago on national television, Chris Evert Lloyd was asked what inspired her to tennis greatness. She answered "I know this sounds sick, but it was my father." Like Chris, I know this may sound strange, but I admired my daughter for her intelligence and our shared love for

animals. When she was less than 4 years old, my wife and I were shocked to learn that she could read. She said she learned from Sesame Street. At age 15, just shortly before she accused me of abuse, we had friendly conversations involving genuine understanding on her part of Mandelbrot's concept that the coast line of England could be infinitely long; that a plane figure of positive finite area could have infinite perimeter.

Somehow, I overlooked the stormy battles she had with certain school teachers and her mistreatment of my wife. Like the Mom who wrote to the Newsletter that her daughter had grown like a sick and crooked tree, there remains the sorrow and memory of the child I loved. What really happened? Where did the trolley tracks begin to diverge? Where will this journey end?

I say nothing new or insightful. We begin raising our children as novice parents, who are most likely to be blind to things that are going seriously wrong.

A Dad

Editors note: From all the families and professionals who attended the recent Memory and Reality conference, a special THANK YOU to the retractors who so patiently explained over and over again the things that they knew.

RETRACTORS' CORNER

I want to take an opportunity to tell you how wonderful it was to attend the Johns Hopkins/False Memory Syndrome Foundation Conference in Baltimore this past weekend. I was absolutely overwhelmed at the magnitude of what has taken place since I first retracted (in 1991) my memories obtained during toxic therapy.

One of the things that helped me in my healing process was the way Skip Simpson (my attorney) refused to treat me as if I were a "psychiatric patient" and instead treated me with respect and dignity. This kind of treatment has helped me learn to respond as a competent adult instead of a self-willing victim, which is exactly the kind of behavior that was perpetrated in the "toxic" therapy. I want to tell you how much I appreciate that the staff of the FMS Foundation treats me as a competent adult and not as a victim. I felt a sense of great comfort being a part of a big picture instead of a "separate entity."

I would also like to extend a special thanks to some folks who did so much to make sure the retractors were able to attend this conference. I believe educating ourselves is the best thing we can do for ourselves to heal. So many people gave time, rooms, and air fare and they deserve a special thanks. A few I would like to thank especially are Janet, Allen and Toby from the FMSF office and Eleanor Goldstein and Kevin Farmer of S.I.R.S. There were some families in different states who helped retractors in their home towns be able to come. For fear of leaving some out, I hesitate to name them, but each played a special part in helping. I think you are wonderful. Thank you to the False Memory Syndrome Foundation.

Sincerely,
Laura Pasley

Personal Responsibility and Individual Choice

Martin Seligman, Ph.D.

Reprinted with permission of the author

When bad events happen to us — helplessness, failure, rejection — we try to explain them. We have habits of explaining, explanatory styles, and the crucial two dimensions of our explanatory style are that they are either permanent or temporary, either global or specific. For example, if you flunk a test and you give the explanation, "I'm stupid," that is permanent and global; but if you say, "I didn't study hard enough," it is temporary and specific.

These habits have well-documented consequences.

Permanent and global explanations potentiate helplessness, produce despair, hopelessness and passivity: *pessimism*. Temporary and specific ones minimize helplessness and fuel efforts to change: *optimism*.

So how we think about our troubles — over and above reality — has substantial influence on the likelihood of success or failure, with belief in *permanent, unchangeable, and global* causes making further trouble more likely.

Let's look at one such explanation, from my own discipline. The recovery movement claims that we are victims of childhood trauma — adult anxiety, depression, sexual problems are caused by childhood abuse, even if we can't remember it. I do not have in this forum the time needed to explore when this explanation is actually true and when it is false and how we can tell the difference. Although I do think that childhood is vastly overrated.

Rather I want to explore its form, not its content. This victim theory explain our troubles in a permanent and global way. Being a prisoner of a toxic childhood is a more permanent and pervasive explanation of being depressed or lonely as an adult than a failed love relationship, or being caught in a lie, or pessimism, or serotonin level.

Victim explanations are readily adopted because they provide one psychological boon: They generally shift blame from the self to some larger, more impersonal cause. Being lonely and depressed is our parents' fault and not because we are selfish or unkind or too proud. Such an explanation makes us feel better. It raises self-esteem. It lowers guilt and shame. But it does so at a very high price: If you believe such a theory of your troubles, it tends to be self-fulfilling. Victim explanations, because they invoke unchangeable and pervasive causes, produce more despair, more passivity, and more hopelessness. People who believe they are victims, systematically, believe they have less personal control, less choice, and are less responsible for what they have done. Such a view of yourself will, by its form, produce more depression, less achievement, and chill attempts to change.

To the extent you believe the theory that your troubles come from your childhood, your race, your sex, there is simply less room for personal responsibility.

Excerpt from The Inaugural Symposium, *Almanac Supplement* Vol 41 Number 10, University of Pennsylvania, November 1, 1994.

For further reading: *What We Can Change and What We Can't* 1994 by Martin Seligman.

How the American Psychological Association turns a "belief" into "fact."

The American Psychological Association has published a *Just the Facts* brochure on "What You Should Know about Repressed and Recovered Memories." Two sections are of concern: "How can a person 'lose' a memory?" and "Can a person ever get the memory back?" While even the APA's own Interim Report states that the mechanisms for these things are "not currently well understood," the APA brochure does not state this and presents it as fact.

If the American Psychological Association prints such information, it is responsible to provide the *scientific data* to support their claims. We encourage concerned individuals to write and ask the APA for the citations of the scientific evidence behind the statements in their brochure, *Just the Facts*. (Ronald E. Fox, President, American Psychological Association, 750 1st Street NE, Washington, DC 20002).

Interesting Conference Planned in Canada

On January 25-28, The Stone Angels of Thunder Bay, Ontario are presenting a conference entitled "**Making up for lost time: A community responds to satanic cults, child sexual assault & masonic ritual torture.**" This is particularly fascinating given the fact that the Lanning report (FBI), the LaFontaine report (British government) and the Goodman et al report (National Center on Child Abuse and Neglect) have found no evidence for satanic cults. We had not previously heard about torture by Masons.

Speakers at this conference include Dr. Connie Kristiansen (source and impact of FMS Association); Catharine MacKinnon (links between cults and pornography); and Dr. Stephen Kent (ritual torture by Masons).

Roundtables Prove Popular with Conference Attendees

Forty roundtables were included in the Memory and Reality: Reconciliation conference. These discussions were planned to give conference participants an opportunity for informal discussion in small groups of twenty to thirty. The discussion leaders included Members of the Scientific Advisory Board, other professionals from the fields of psychiatry, law, psychology and social work, as well as parents, FMSF staff and retractors. The topics were diverse and intended to address the interests of the large number of professionals who were attending the conference as well as the family members and retractors. Both informal reactions and short summaries of the roundtables were very positive. The most frequent criticisms offered were that there was too little time devoted to these informal exchanges and that there were so many interesting topics to choose from, it was difficult to select only one each day. The Foundation appreciates the work of the roundtable leaders. Their contribution contributed to the overall success of the conference.

"If the FAA can ground a plane because it's unsafe, why can no one ground recovered-memory therapy?" asked Alan Gold, Barrister from Toronto at the Memory and Reality: Reconciliation conference in Baltimore.

Protection and Advocacy for Individuals with Mental Illness Act (PAIMI Title 42, § 10801)

For three years, families and retractors have been trying to alert professionals and government agencies that a terrible problem had emerged. They have tried to report their concerns to state licensing agencies and to the ethics committees of the professional organizations so that changes could be instituted to stop the problem. What families learned is that the institutions that are supposed to protect the public from harm are not able to do so. Last week we received information about an existing federal mental health program that might be enlisted to help in the problem.

The Protection and Advocacy for Individuals with Mental Illness Act was established in 1986 to advocate on behalf of individuals with mental illness. The Act defines "individual with mental illness" as one "who has a significant mental illness or emotional impairment, as determined by a mental health professional qualified under the laws and regulations of the state." While the government has set some parameters in order to be eligible for Federal funds, the PAIMI systems are under the direction of the states. One of the parameters is the Mental Health Bill of Rights (42 U.S.C. § 10841).

Mental Health Bill of Rights

- the right to an individualized, written treatment plan, providing for periodic reassessment and revision;
- the right to know the objectives of a treatment, the possible adverse effects of treatment, and any available alternative treatments, services and providers;
- the right not to receive a mode or course of treatment in the absence of informed, voluntary and written consent;
- the right not to participate in experimentation in the absence of informed, voluntary, written consent;
- the right to appropriate protections in connection with one's participation in an experimental treatment, including the right to a reasonable explanation of the procedure to be followed, the benefits to be expected, the relative advantages of alternative treatments, and the potential discomforts and risks;
- the right and opportunity to revoke one's consent to an experimental treatment;

- the right to freedom from restraint or seclusion;
- the right of a patient in a treatment facility to converse with others privately and to see visitors during regularly scheduled hours; if a treating professional denies access to a particular visitor, it must be for a specific, limited, and reasonable period of time, the denial must be incorporated into the written treatment plan and must include the reasons for such denial;

- the right, upon admission to a treatment facility, to be informed of the rights set forth above.

We need your help to find out how the PAIMI systems are working in each state and whether they might provide some structure that could respond to the FMS crisis. We need to know the strengths and weaknesses of the program as it is carried out in each state. If you have information about this program please let us know. Send your reply to PAIMI Information, c/o FMSF office.

Following is a list of PAIMI contacts. Volunteer contacts should have the complete information about PAIMI contacts. Thank you.

AL (205-348-4928), AK (907-344-1002), AZ (602-274-6287), AR (501-324-9215), CA 916-488-9955), CO (303-722-0300), CT (203-297-4326), DE (302-856-0038), DC (202-966-8081), FL(904-488-9071), GA(404-885-1234), HI(808-949-2922), ID(208-336-5353), IL(312-341-0022), IN (317-232-1150), IA (515-278-2502), KS (913-236-5207), KY (502-564-2967), LA (504-522-2337), ME (207-626-2774), MD (410-234-2791), MA (617-723-8455), MI (517-487-1755), MN (612-332-1441), MS (601-981-8207), MO (314-893-3333), MT (406-444-3889), NB (402-474-3183), NV(702-688-1233), NH (603-228-0432), NJ (609-292-9742), NM (505-256-3100), NY (518-473-4057), NC (919-733-9250), ND (701-224-2972), OH (614-466-7264), OK (918-664-5883), OR (503-243-2081), PA (717-236-8110), RI (401-831-3150), SC (803-782-0639), SD (605-224-8294), TN (615-298-1080), TX (512-454-4816), UT (801-363-1347), VT (802-229-1355), VA (804-225-2042), WA (206-324-1521), WV (304-346-0847), WI (608-267-0214), WY (307-632-3496).

New Advisory Board Members

We are honored to announce the addition of two new members to the Scientific and Professional Advisory Board. Frederick C. Crews, Ph.D., University of California at Berkeley (emeritus) has written extensively on the theories of Freud. His recent articles in *The New York Review of Books* (Nov 17 and Dec 1) places the FMS problem in a larger historical context. Henry C. Ellis, Ph.D., University of New Mexico, is a cognitive psychologist whose area of expertise is emotion and memory. Some of his recent research examines the association between memory loss and depression.

JANUARY 1995 FMSF MEETINGS

FAMILIES, RETRACTORS & PROFESSIONALS
WORKING TOGETHER

UNITED STATES

Call person listed for meeting time & location.
key: (MO) = monthly; (bi-MO) = bi-monthly

ARIZONA - AREA CODE 602

MESA

Barbara 924-0975
Saturday, January 28, 1995
10:30 am (lunch) to 4 pm

ARKANSAS - AREA CODE 501

LITTLE ROCK

Al & Lela 363-4368

CALIFORNIA

NORTHERN CALIFORNIA

SACRAMENTO/CENTRAL VALLEY - BI-MONTHLY

Charles & Mary Kay (916) 961-8257

SAN FRANCISCO & BAY AREA - BI-MONTHLY

EAST BAY AREA

Judy (510) 254-2805

SAN FRANCISCO & NORTH BAY

Gideon (415) 389-0254

Charles (415) 984-6626 (day); 435-9818 (eve)

SOUTH BAY AREA

Jack & Pat (408) 425-1430

Last Saturday, (Bi-MO)

CENTRAL COAST

Carole (805) 967-8058

SOUTHERN CALIFORNIA

BURBANK (formerly VALENCIA)

Jane & Mark (805) 947-4376

4th Saturday (MO) 10:00 am

CENTRAL ORANGE COUNTY

Chris & Alan (714) 733-2925

1st Friday (MO) - 7:00 pm

ORANGE COUNTY (formerly LAGUNA BEACH)

Jerry & Eileen (714) 484-9704

3rd Sunday (MO) - 6:00 pm

COVINA GROUP (formerly RANCHO CUCAMONGA)

Floyd & Libby (818) 330-2321

1st Monday, (MO) - 7:30 pm

WEST ORANGE COUNTY

Carole (310) 596-8048

2nd Saturday (MO)

COLORADO

DENVER

Ruth (303) 757-3622

4th Saturday, (MO) 1:00 pm

CONNECTICUT - AREA CODE 203

NEW HAVEN AREA

George 243-2740

FLORIDA

DADE-BROWARD AREA

Madeline (305) 966-4FMS

DELRAY BEACH PRT

Esther (407) 384-8290

2nd & 4th Thursday [MO] 1:00 pm

TAMPA BAY AREA

Bob & Janet (813) 858-7091

ILLINOIS

CHICAGO METRO AREA (South of the Eisenhower)

2nd Sunday [MO] 2:00 pm

Roger (708) 368-3717

INDIANA

INDIANAPOLIS AREA (150 mile radius)

Gene (317) 881-4720 or 881-5832

Nickie (317) 471-0922 (phone & fax)

IOWA

DES MOINES

Betty/Gayle (515) 270-6976

KANSAS

KANSAS CITY

Pat (913) 738-4840

Jan (816) 931-1340

2nd Sunday (MO)

KENTUCKY

LEXINGTON

Dixie (606) 356-9309

LOUISVILLE

Bob (502) 967-2378

Last Sunday (MO) 2:00 pm

MAINE - AREA CODE 207

BANGOR

Irvine & Arlene 942-8473

FREEPORT

Wally 865-4044

3rd Sunday (MO)

YARMOUTH

Betsy 846-4268

MARYLAND

ELLCOT CITY AREA

Margie (410) 750-8894

MASSACHUSETTS / NEW ENGLAND

CHELMSFORD

Jean (508) 250-1055

MICHIGAN

GRAND RAPIDS AREA - JENISON

Catharine (616) 363-1354

2nd Monday (MO)

MINNESOTA

ST. PAUL

Terry & Collette (507) 642-3630

MISSOURI

KANSAS CITY

Pat (913) 738-4840

Jan (816) 931-1340

2nd Sunday (MO)

ST. LOUIS AREA

Karen (314) 432-8789

Mae (314) 837-1976

3rd Sunday [MO] 1:30 pm

Retractors support group also meeting.

SPRINGFIELD - AREA CODES 417 AND 501

Dorothy & Pete (417) 882-1821

Nancy & John (417) 883-4873

4th Sunday [MO] 5:30 pm

NEW JERSEY (So.) - See PENNSYLVANIA (WAYNE)

NEW YORK ATTENTION: DOWNSTATE NY

Many requests for NY area meetings; need committee of volunteers to make this possible.

Please call: Eileen (516) 379-5285

Barbara (914) 761-3827

NEW YORK UPSTATE / ALBANY AREA

Elaine (518) 399-5749

OHIO

CINCINNATI

Bob (513) 541-5272

OKLAHOMA - AREA CODE 405

OKLAHOMA CITY

Len 364-4063

HJ 755-3818

Dee 942-0531

Rosemary 439-2459

PENNSYLVANIA

HARRISBURG AREA

Paul & Betty (717) 691-7880

PITTSBURGH

Rick & Renee (412) 563-5618

WAYNE (includes So. Jersey)

Jim & Joanne (610) 783-0396

No further meetings until March, 1995

TEXAS

CENTRAL TEXAS

Nancy & Jim (512) 478-8395

DALLAS/FT. WORTH

Lee & Jean (214) 279-0250

HOUSTON

Jo or Beverly (713) 464-8970

VERMONT & UPSTATE NEW YORK

Elaine (518) 399-5749

WISCONSIN

Katie & Leo (414) 476-0285

CANADA

BRITISH COLUMBIA

VANCOUVER & MAINLAND

Ruth (604) 925-1539

Last Saturday (MO) 1:00-4:00 pm

VICTORIA & VANCOUVER ISLAND

John (604) 721-3219

3rd Tuesday (MO) 7:30 pm

MANITOBA

WINNIPEG

Muriel (204) 261-0212

1st Sunday (MO)

ONTARIO

OTTAWA

Eileen (613) 836-3294

TORONTO

Pat (416) 444-9078

Saturday, January 28 (Bi-MO)

AUSTRALIA

Ken & June, P O Box 363, Unley, SA 5061

NETHERLANDS

Task Force False Memory Syndrome of
"Ouders voor Kinderen"

Mrs. Anna de Jong, (0) 20-693 5692

NEW ZEALAND

Mrs. Colleen Waugh, (09) 416-7443

UNITED KINGDOM

The British False Memory Society

Roger Scottford (0225) 868-682

Deadline for FEBRUARY 1995 Issue:

Friday, January 20

**PLEASE MAKE YOURSELF KNOWN TO THE VOLUNTEER CONTACT IN YOUR STATE
SO THAT YOU CAN BE INFORMED ABOUT LOCAL EVENTS.**

Do you have access to e-mail? Send a message to
 pjf@cis.upenn.edu
 if you wish to receive electronic versions of this
 newsletter and notices of radio and television broad-
 casts about FMS. All the message need say is "add
 to the FMS list". It would be useful, but not neces-
 sary, if you add your full name (all addresses and
 names will remain strictly confidential).

FMS Foundation

3401 Market Street, Suite 130 Philadelphia, PA 19104-3315

Phone 215-387-1865

ISSN # 1069-0484

Pamela Freyd, Ph.D., Executive Director

FMSF Scientific and Professional Advisory Board

January 1, 1995

The False Memory Syndrome Foundation is a qualified 501(c)3 corporation with its principal offices in Philadelphia and governed by its Board of Directors. While it encourages participation by its members in its activities, it must be understood that the Foundation has no affiliates and that no other organization or person is authorized to speak for the Foundation without the prior written approval of the Executive Director. All membership dues and contributions to the Foundation must be forwarded to the Foundation for its disposition.

The FMSF Newsletter is published 10 times a year by the False Memory Syndrome Foundation. A subscription is included in membership fees. Others may subscribe by sending a check or money order, payable to FMS Foundation, to the address below. 1995 subscription rates: USA: 1 year \$30, Student \$10; Canada: 1 year \$35 (in U.S. dollars); Foreign: 1 year \$40. (Single issue price: \$3 plus postage.

What IF?

What if, parents who are facing lawsuits and want legal information about FMS cases, had to be told, "I'm sorry, there isn't any such thing available?"

What if, your son or daughter began to doubt his or her memories and called FMSF only to get a recording, "This number is no longer in operation?"

What if, a journalist asks you where to get information about the FMS phenomenon, and you had to answer, "Sorry, I don't know?"

What if, you want to ask a question that only an expert, familiar with FMS can answer, and find out that FMSF can no longer provide that information? Where would you turn?

What if the False Memory Syndrome Foundation did not exist? A frightening thought, isn't it?

Please support our Foundation. We cannot survive without your support!

Reprinted from the August 1994 PFA (MI) Newsletter

YEARLY FMSF MEMBERSHIP INFORMATION

Professional - Includes Newsletter \$125 _____

Family - Includes Newsletter \$100 _____

Additional Contribution: _____

Visa: Card # & expiration date: _____

Mastercard: Card # & expiration date: _____

Check or Money Order: Payable to FMS Foundation in
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| | | Pamela P. Freyd, Ph.D., Paul R. McHugh, M.D. | | |
| | | Scientific Findings on Memory Distortion | | |
| | | Elizabeth F. Loftus, Ph.D. | | |
| | | Overview of Research on Memory Distortion | | |
| | | Daniel L. Schacter, Ph.D. | | |
| 2. | _____ | Scientific Issues—Nature of Memory (pt 2) | _____ | _____ |
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| | | D. Stephen Lindsay, Ph.D. | | |
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| | | Harold Merskey, D.M. | | |
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| | | James I. Hudson, M.D. and Harrison G. Pope, Jr., M.D. | | |
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| | | David Scharff, M.D. and Jill Scharff, M.D. | | |
| | | Reintegrating Families | | |
| | | Paul Simpson, Ed.D. | | |

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| 7. | _____ | Legal Issues—From the Plaintiff's Table | _____ | _____ |
| | | Memory and Truth | | |
| | | Richard Harrington, J.D. | | |
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| | | Skip Simpson, J.D. | | |
| | | Status of Lawsuits | | |
| | | Anita J. Lipton | | |
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| | | Steven P. Moen, J.D. | | |
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| | | Douglas E. Mould, Ph.D. | | |
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| | | Carolyn Saari, Ph.D. | | |
| | | Educational Issues in Psychology | | |
| | | Lee Sechrest, Ph.D. | | |
| 11. | _____ | Become Part of the Solution | _____ | _____ |
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